

| POSITION                  | INITIALS | ID # O. | DATE       |
|---------------------------|----------|---------|------------|
| FEE DETERMINATION         |          |         |            |
| O.I.P.E. CLASSIFIER       | TZ       | JC947   | 21 1/18/01 |
| FORMALITY REVIEW          |          |         | 08 29/01   |
| RESPONSE FORMALITY REVIEW | CH       | 835     | 81 20/01   |

## INDEX OF CLAIMS

BEST AVAILABLE COPY

Rejected ..... N ..... Non-elected  
 Allowed ..... I ..... Interference  
 Canceled ..... A ..... Appeal  
 Restricted ..... O ..... Objected

(Through numeral) ...

| Claim | Date                   |
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| 1     | Final Original 1/18/01 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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